

239628

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Global Crossing Telecommunications, Inc. _____
Company Name _____ F.E.N. _____
800-249-4672
Telephone # _____
Dba/fka _____
225 Kenneth Drive _____
Mailing Address _____
Rochester, NY 14623 _____
City, State, Zip Code _____
Same as Above _____
Business Location _____
Monroe _____
City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: Not Applicable _____
Mailing Address: _____
City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Scott Seab _____
General Manager (Include address if different than above.)
720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
Telephone Number Facsimile Number E-mail Address
- B. Karen Hyde _____
Customer Relations /Complaints Representative (Include address if different than above.)
724-743-9719 / 720-888-5134 / Karen.Hyde@Level3.com
Telephone Number Facsimile Number E-mail Address
- C1. Scott Seab _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
Telephone Number Facsimile Number E-mail Address
- C2. 800-249-4672 _____
Customer Contact (Toll Free Number)
- D. Technician on Duty _____
Engineering Operations (Include address if different than above.)
888-907-6638 / N/A / N/A
Telephone Number Facsimile Number E-mail Address
- E. Technician on Duty _____
Test and Repair (Include address if different than above.)
888-907-6638 / N/A / N/A
Telephone Number Facsimile Number E-mail Address

F. Technician on Duty
Emergencies (During non-office hours)
888-907-6638 / N/A / N/A
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Scott Seab
Regulatory Officer (Include address if different than above.)
720-888-3942 / 720-888-5134 / Scott.Seab@Level3.com
Telephone Number Facsimile Number E-mail Address

H. N/A
Dual Party Mailings (Name)
N/A
Mailing Address
N/A / N/A / N/A
Telephone Number Facsimile Number E-mail Address

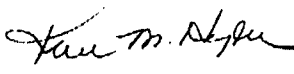
I. N/A
Interim LEC Fund Mailings (Name)
N/A
Mailing Address
N/A / N/A / N/A
Telephone Number Facsimile Number E-mail Address

J. Andrew Labbe; Manager, Tax
Universal Service Fund Mailings (Name)
1025 Eldorado Boulevard, Broomfield, CO 80021
Mailing Address
720-888-3883 / N/A / Andrew.Labbe@level3.com
Telephone Number Facsimile Number E-mail Address

K. Andrew Labbe; Manager, Tax
Gross Receipts Mailings (Name)
1025 Eldorado Boulevard, Broomfield, CO 80021
Mailing Address
720-888-3883 / N/A / Andrew.Labbe@level3.com
Telephone Number Facsimile Number E-mail Address

L. Andrew Labbe; Manager, Tax
Lifeline Mailings (Name)
1025 Eldorado Boulevard
Mailing Address
720-888-3883 / N/A / Andrew.Labbe@level3.com
Telephone Number Facsimile Number E-mail Address

Karen M. Hyde
This form was completed by (print name)
Regulatory Paralegal
Title


Signature
10-3-12
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

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